

*(Sponsor Letterhead)*

*Please mail a copy to State Agency*

May 20, 2008

*(Insert Sponsor Name)*

*(Insert Address)*

*(Insert Phone Number)*

RE: Notification of Operating A Summer Food Service Program.

The Summer Food Service Program serving site(s) and preparation kitchen(s) listed below will be operating during the following dates and times during the summer of 2008. *(Additional site sheets may be attached. Each Sponsor must notify the sanitarian of any program changes.)*

Site Name	Address	Meal Times	Program Dates

*Example of letter to Health Department. This may be used as your letter.*